57386

EPA NO.

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions. Please type or print clearly. Press Hard.	O OALII C	HAZARDOUS MATERIALS	t of Health Services S MANAGEMENT SECTI amento, CA 95814	ion (Manifest 01	<u>5</u> -002325	
GENERATOR (Generator Must Complete) ALUMINUM COMPANY OF AMERICA - VERNON WORKS EPA NO. C A D 0 7 4 1 2 6 6 8 1		OPERATING INDUSTRIES, INC. Designated TSD Facility (Authorized to operate under an approved state program or federal program) Name OPERATING INDUSTRIES, INC. EPA NO. C A D 0 8 0 0 1 2 0 2 4			Alternate TSD Facility SFUND RECORDS CTR CHEMICAL WASTE 999000914 Name MANAGEMENT INC. EPA NO. C A T D 0 0 6 4 6 1 1		
Address 5151 Alcoa Ave. Phone No 588-6141 City, State, Zip Vernon, CA 90058		Address 900 N. Potrero Grande Dr. City, State, Zip Monterey Park, CA			P.O. Box 1104	, 430 W. Elm Av a, CA 93210	ve.
(5) U.S. DOT PROPER SHIPPING NAME WASTE WASTE	U.S. DOT HAZARD CLASS	UN/NA WEIGHT OR ID NO. VOLUME		NTAINERS NUMBER: PE: DRUMS D TANK TRI OTHER	BAGS _ CARTON		
6 WASTE CATEGORY#7 LIST COMPONENTS: 9 A	CONC. RAN		E	NERATING PROCESS	CONC. UPPER	rication RANGE UNIT	ppm.
1 PHYSICAL STATE: Solid KXLiqu	☐ Toxic ☐ FI	☐ % ☐ ppm ☐ % ☐ ppm. ammable ☐ Corrosive/ ☐ Slurry ☐ Gas ggles ☐ Respirator	Non Hazardous Mai Irritant ☐ Reactive		□ Carcinogen/Mutaç	-	ppm.
GENERATOR CERTIFICATION: This is to certify the applicable regulations of the Department of Trailing The EVENT OF A SPILL, CONTACT THE NRESPONSE CENTER, U.S. COAST GUARD 1-8	INSPORTATION AND EPA		7 Sun	d, marked, labeled, and	are in proper condition	for transportation according to the second s	ding to
TRANSPORTER (HAULER MUST COMPLETE ASBURY OIL CO. EPA NO. C A D O 2 8 2 7 7 ADDRESS 13419 Halldale Avenue PHONE CITY, STATE, ZIP Gardena, California 90248	O 3 6 NO. (213) 321-139	<u>n2</u>	Jam W 32	All orized Agent and Title	15) PICK-UP DATE _ TIME _// YO	6-12-S1 _BAM □ PM _6-12-S Date	
TSD FACILITY (FACILITY-OPERATOR MUST 17 NAME TO	18 C	QUANTITY (If Measured)	00806-	21) 	IANDLING OR DISPO: Surface Impounds Injection Well Treatment (Specif	nent	
SHIPMENT: IF WASTE IS HELD FOR DELIVERY ELSEWHER 22 NAME		ESIGNATED TSD FACILIT		11	☐ Recovery or Reuse	e □ Storage/Trans	fer ,

Date Accepted

OR 1 C I MAI